

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16487**
Registrar's No. **4451**

Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Louis Mo.**
(b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Miriam R. Posnansky**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **married**
6. (b) Name of husband or wife **Morris H. Posnansky** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **Feb 25 1888**
(Month) (Day) (Year)

8. AGE: Years **55** Months **2** Days **17** If less than one day hr. _____ min.

9. Birthplace **St. Louis Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Housewife**
12. Name **Silas Rosenberg**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Minnie Levy**
15. Birthplace **St. Louis Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Morris H. Posnansky**
(b) Address **6301 S. Rosebury**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5/14/43** (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Sinai**

18. (a) Signature of funeral director **Mayer**
(b) Address **4356 Lindell Blvd**

19. (a) **MAY 13 1943** (Date received local registrar) **J. F. Bredeek** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Clayton** (If outside city or town limits, write "RURAL")
(d) Street No. **6301 South Rosebury** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** 11 day year **1943** hour **11** minute **A** M.

21. I hereby certify that I attended the deceased from **Dec 5**, 1943, to **May 11**, 1943
that I last saw her alive on **May 10**, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Spindle Cell Sarcoma of Left Ovary**
Due to **metastases to all the viscera + Omentum**
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **Spindle Cell Sarcoma of L. Ovary + all abdominal viscera**
Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature **A. P. Beutel** (M. D. or other) _____
Address **3206 Gravois** Date signed **5/17/43**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. Allen Davis Jr.
4053

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.